

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Marcel LEISI

Date: January 15, 2004

Serial No.:

Group Art Unit:

Filed: Herewith

Examiner:

For: REVERSIBLE SPRAY HEAD

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Mail Stop PCT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**PRELIMINARY AMENDMENT/SUBMISSION**

Sir:

Prior to examination, please amend the application as follows:

**FEE CALCULATION**

Any additional fee required has been calculated as follows:

\_\_\_\_\_ If checked, "Small Entity" status is claimed.

NO. CLAIMS AFTER AMENDMEN T	HIGHEST NO. PREVIOUSLY PAID FOR	EXTRA PRESENT	RATE	ADDIT. FEE
TOTAL 8 MINUS	* =	0 X	(\$9 SE or \$18)	\$
INDEP. 1 MINUS	** =	0 X	(\$42 SE or \$84)	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			X (\$140 SE or \$280)	\$
* not less than 20 ** not less than 3				TOTAL \$ -0-

If any additional payment is required, a check which includes the calculated fee of \$ \_\_\_\_\_  
(OFGS Check No. \_\_\_\_\_) is attached.

In the event the actual fee is greater than the payment submitted or is inadvertently not enclosed or if any additional fee during the prosecution of this application is not paid, the Patent Office is authorized to charge the underpayment to Deposit Account No. 15-0700.

**CONTINGENT EXTENSION REQUEST**

If this communication is filed after the shortened statutory time period had elapsed and no separate Petition is enclosed, the Commissioner of Patents and Trademarks is petitioned, under 37 C.F.R. § 1.136(a), to extend the time for filing a response to the outstanding Office Action by the number of months which will avoid abandonment under 37 C.F.R. § 1.135. The fee under 37 C.F.R. § 1.17 should be charged to our Deposit Account No. 15-0700.

**SUMMARY OF AMENDMENTS**

1. ☐ If checked, an abstract (an amended abstract) is submitted herewith.
2. ☐ If checked, amendment(s) to the drawings are submitted herewith.
3. ☐ If checked, amendment(s) to the specification are submitted herewith.
4. ☒ If checked, amendment(s) to the claims are submitted herewith.